Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's p	remium or rate leve	el produced by rate	e revision
effective July 10, 2008	•	•	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial	The state of the s	
3.	Liability Other Than Auto		
4.	Burglary and Theft	**************************************	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	**************************************	
9.	Fire		
10.	Extended Coverage	The second secon	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	*****	
15.	Other Workers Compensation	\$18,826,600	+5.0%
	Life of Insurance	· · · · · · · · · · · · · · · · · · ·	8,80
•			ATEONOR
	Does filing only apply to certa	ain territory (territories)	or certain
	Classes? If so,		JUI
	specify: No, app	lies to all classes.	THE PROPERTY OF THE PROPERTY O
			advisory tes, deviating from the National Coopil on ter) are deviated +18% from NCCI advisory
	Brief description of filing. (If t	filing follows rates of an	advisory advisory
	Organization, specify		1/46/A
	organization):		tes, deviating from the National Confinition
			ter) are deviated +18% from NCCI advisory
	rates. All other classes are deviated +25%		
	*Adjusted to reflect all prior ra		ault from application of now

Auto-Owners Insurance Company
Name of Company
Jennifer L. Smith, Assistant Manager
Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 7/15/2008

JUN - 9 2008

0014 -- 0 F000

RECEIVED

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

(3)(2) (1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 8.40% 15. Other Workers Compensation 32,000 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): National Council on Compensation Insurance Insurance ("NCCI"). Adoption of loss costs effective January 1, 2008 in NCCI Circular IL-2007-08

DaimlerChrysler Insurance Company

Name of Company

James Haan, Vice President and General Manager

Official - Title



^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

الم المعتمل

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective C	JAKE AS APPROVED
---	------------------

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other than Auto		
4. Burglary and Theft 5. Glass 6. Fidelity		
6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire 10. Extended Coverage		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Workers Compensation 16. Other	1,600,000	<u>+100</u>
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	n classes? If so, specify	\o
Brief description of filing (if filing follows rates of an advisory	organization, specify organiza	tion)
EXPENSE CONSTANT \$280		
POLICY MINIMUM PREMIO	om \$750	

Adjusted to reflect all prior rate changes.
 Change in Company's premium level which will result from application of new rates.

DALLAS NATIONAL TOSURANCE COMPAN

LARRY McGREGOR
Official - Title
ASST. COMPLIANCE OFFICER

DIVISION OF THE UP THE STATE OF ILLINOIS IN FA

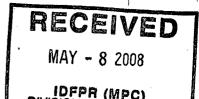
APR 0 9 2008

SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective August 1, 2008

- -	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent
۱.	Automobile Liability Private	volume (filmois)	Change (+or-) **
	Passenger		
	Commercial		
-	Automobile Physical Damag		
	Private Passenger		
3.	Commercial		
·.	Liability Other Than Auto Burglary and Theft		-
	Class	*	
· i.	Fidelity STATE OF ILLINOIS/IDEPR	GE	
•	Surety FILED		
÷	Boiler and Machinery 1 2008		**************************************
	Fire Add V 1 2000	`	
0.	Extended Coverage Inland Marine National Marine Inc.		
1.		8	
2.	Homeowners		
3.	Commercial Multi-Peril		**************************************
4. 5.	Crop Hail		- Landa William
Ο.	Oth <u>erworkers Compensation</u> Life of Insurance	443,143	+3.6%
	Does filing only apply to certain Classes? If so, specify:	Ila	certain
	Brief description of filing. (If filing organization, specify organization): by our current multiplie	Adopt the NCCI	dvisory current loss cost adjuste
	-1		
	*Adjusted to reflect all prior rate **Change in Company's premiserates.		t from application of new
	•	Towa Am	erican Insurance
			me of Company
			Barber - Compliance
			Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

RECEIVED

MAY - 8 2008

DIVISION OF INSURANCE SPRINGFIELD

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		- Change (or)
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and TRETO OF THE SUPPLY OF T		
Fidelity ALL		
Sprety AUG STRANC		
Boiler and Machiner 108 Fire Extended Coverage		
Fire SFIELD	1	
Extended Coverage	<u>/</u>	
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		<u> </u>
Oth <u>erworkers Compensation</u> Life of Insurance	3,041,156	+3.6%
Does filing only apply to certain	n territory (territories) or	cortain
Classes? If so.	ir territory (territories) of	Certain
specify:	N A	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Brief description of filing. (If fil	ing follows rates of an a	advisorv
Organization, specify		
organization):	Adopt the NCCI	current loss cost adjus
by our current multiplie	ers.	
*Adjusted to reflect all prior rat **Change in Company's premi rates.		ılt from application of new
iales.	Torra M	
		utual Insurance ame of Company
`	1140	anie oi company
	Beverl	y Barber - Compliance

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or r	ate level produced by rate revision
effective July 10, 2008	•

- -	(1)	(2) Annual Premium	(3) Percent	
4	Coverage	Volume (Illinois) *	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
2	Commercial			
2	Automobile Physical Damag		•	
	Private Passenger Commercial		-	
3.		***************************************		
	Liability Other Than Auto			
4. 5.	Burglary and Theft			
	Glass			
6. 7.	Fidelity		Water Committee	
7. 8.	Surety Reiler and Machinen			
o. 9.	Boiler and Machinery			
9. 10.	Fire		- Alm	
11.	Extended Coverage Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril		- the state of the	
13. 14.			Annual Committee of the	
1 4 . 15.	Crop Hail	405 750 050		
15.	Other Workers Compensation Life of Insurance	\$25,753,852	+5.7%	
_	Life of insurance			
•	Does filing only apply to certa	in territory (territories) or	certain	
	Classes? If so,	,	TE OOK	
	specify: No, app	lies to all classes.	- LUNO	
				200
	Brief description of filing. (If f Organization, specify organization):	iling follows rates of an a	dvisory Spp.	NA CE
	Organization, specify	3	NGE, ZODO	
	organization):	We are revising our rates,	deviating from the National Council on	
	Compensation Insurance (NCCI). Prefer	red classes (listed on cover letter)	are deviated +6% from NCC vadvisory	
	organization, specify organization): Compensation Insurance (NCCI). Prefer rates. All other classes are deviated +13%	from NCCI advisory rates.	Note	
	*Adjusted to reflect all prior ra **Change in Company's prem	ite changes.		
	rates.			
		Owners Insurance	Company	
		Nar	me of Company	

Jennifer L. Smith, Assistant Manager

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

MAY 2 8 2008

SPRINGFIELD PLEASURE STRATIVE CODE

CHAPTER I. § 754 SUBCHAPTER I

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

<u>c</u>	(1) JAN, 1, 2008 Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)*
Pa	omobile Liability Private ussenger ommercial		
Auto	omobile Physical Damage rivate Passenger ommercial		
	oility Other Than Auto		
Burg	lary and Theft		
Glas			
Fide	elity		
Sure			
	ler and Machinery		
Fire	=		
	ended Coverage		
	and Marine		
	owners		
	mercial Multi-Peril		
Crop) Hail		
Othe	Workers Compens	ation \$1,973,330	+4%
Doe:	s filing only apply to certa sses? If so, specify: <u>No</u>	in territory (territor	ies) or certain
	ef description of filing. (It filing follows with	e of an advisory

State National Insurance Co.

Hame of Company

Ley Official-Title

Furt Part Mens, LC per attached

Ä

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.